

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107571421**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	C	C				
10		1				
11	X					
12						
13		(1)				
14		1				
15	X					
16						
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38						
39						
40						
41						
42		1				
43	X					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	X					
52						
53						
54						
55						
56						
57		1				
58		1				
59		1				
60		1				
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97						
98						
99						
100						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	15	←		←		←
TOTAL CLAIMS	16					